



### VERIFICATION OF TEACHING EXPERIENCE

APPLICANT: Complete top portion and forward form to the school district.

|   |       |                     |        |
|---|-------|---------------------|--------|
| Name - PLEASE PRINT                             |       |                     |        |
| Last  | First | Middle              | Maiden |
| Address   | City  | State               | Zip    |
| Phone:  |       | Email:              |        |
| Social Security #:                              |       |                     |        |
| Location of Employment                          |       |                     |        |
| District  |       | Building            |        |
| Address:  | City  | State               | ZIP    |
| Date Range of Employment as a certified teacher |       |                     |        |
| From: MM/DD/YY                                  |       | To: MM/DD/YY        |        |
| Date  |       | Applicant Signature |        |

SUPERINTENDENT OF SCHOOLS OR APPROPRIATE PERSONNEL OFFICER:  
Please verify by signature that the information stated by the applicant is accurate

|                 |      |                      |     |
|-----------------|------|----------------------|-----|
| Verification    |      |                      |     |
| Signature       |      | Print Name and Title |     |
| Address         |      |                      |     |
| School District | City | State                | ZIP |
| Phone           |      | Date                 |     |
| Comments:       |      |                      |     |

**Mail to:** Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501  
**Questions can be directed to:** [certification@state.sd.us](mailto:certification@state.sd.us) or 605-773-3426